1. Office:

CAL/OSHA 3 (08/01/01)

SPECIAL ORDER

| 2. | | | | | 3. Page | of |
|-------------------------------|---|---|--|--|--|--|
| | | | | | 4. Special O | order Number |
| | | | | | | |
| 5. A | n inspection | or investigation of a place o | f employment located | at | | |
| _ | | | w | as conducted by | | |
| c | on | ,20 | This S _l | pecial Order is being issu | ed in accordance | e with California Labor Code |
| (| L.C.) Section | s 6305 and 6308 for unsafe | condition(s) describe | d below that were found | during that inspec | ction or investigation. |
| 6a. Item No. | 6b. No. of Instances | 7. Basis of Special Order L.C. Provision | 8. | Special Order | | 9. Abatement date by which this Special Order must be complied with |
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| 10 0 | ianotura | 1 | 1 | Ciaratura | | |
| 10. Signature Safety Engineer | | | neer | Signature | | |
| S | ignature | | | Date of issuance | ce | |
| | | Industrial Hygier | nist | | | |
| | al Order or a copy t ays, whichever is lor | | receipt by the employer at or ne | ar the location of each unsafe condition | on described above until s | said condition(s) is/are corrected or for three |
| Sacrament | to, CA 95833, of his | days after receipt of the above Special C or her intention to contest any action or apployee, or employee representative. | Order within which to notify in writ provision of this Order. The abo | ing the California Occupational Safety ve Special Order will become a final (| y and Health Appeals Boa Order of the Appeals Boa | ard, 2520 Venture Oaks Way Suite 300, rd not subject to review or appeal unless |
| An employ | ee, or his or her rep | | California Occupational Safety | and Health Appeals Board the reason | nableness of the date by w | which this order must be complied with within |
| | | ribed above is/are not corrected or any a th, the Division may issue a citation for vi | | | | period of time set forth by the Division of y bring a prosecution for a misdemeanor. |
| 11. – | | | | | | |
| | aion . | District SE/IH | identification No | Optional Report No | . C | CAL/OSHA FORM 1 Report No. |

| DECLARAT | ION OF SERVICE | |
|---|--|---------------------------------|
| | d this Special Order upon the employe | r, owner or operator by leaving |
| a true and correct copy with : Name Name who was identified as the employer, owner or operator named in t | Title he Special Order or representative the | reof |
| I declare under penalty of perjury that the above statement is true made on the basis of information and belief, and as to those, I belief. | and correct of my own knowledge exc | |
| Safety Engineer/Industrial Hygienist | | ate |
| City or County | State | Zip |